RESIDENCE ADDRESS IS VOLUNTARY -CIVILCODE SECTION 1798.17

TRAVEL	EXPENSE CI	_AIM
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STD. 262 (Rev 6/93) DMH-001

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		. V 0/33/ DIVIT-001												<u> </u>	
CLAIMANT'S NAME					SSN OR EMPLOYEE NUMBER*						DEPARTMENT				
Stephen W. Mayberg											Mental Health				
POSITION CBID					DIVISION OF BUREAU							INDEX NUMBER			
Director E99					Director	's Office				461-500			-500		
RESIDEN	NCE ADD	RESS*	-			HEADQUAR1	TERS ADDRE	SS					TELEPHONE	NUMBER	
on file	9					1600 Ni	nth Stree	et			654-2309			9	
CITY			STATE	ZIP CODE		CITY						STATE	ZIP CODE		
						Sacram	ento					CA	95	814	
(1) MNTH/YR (3) (4) (5)			(5)	MEALS	LS (6) (7) TRANSPORT			RANSPORTA	TION		(8)	(9)			
(2)	2009					O.T.,L/T, N/C,RELO,		(A)	(B)	(C)		(D) E CAR USE			
(2)		LOCATION		BREAK-		OR	INCIDEN-	COST OF	TYPE	CARFARE, TOLLS,	FINIVALI	L CAR OSL	BUSINESS	TOTAL EXPENSES	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
									pc/ca						
11/17	1415	Atascadero	92.40			18.00		*538.40	rc		12	6.60		655.40	
								6.00	rc/						
11/18	1745	return		6.00	10.00			*51.42	ca/pc	18.00	23	12.65		104.07	
-															
001.0	ODE /	Acctg Use Only)	92.40	6.00	10.00	18.00		595.82		18.00		19.25		759.47	
COLC	ODE (Accig Use Only)													
						(Less D	Direct Pay) Reimbu	rseme	nt Reques	t:			169.65	
(11) PUR	POSE O	F TRIP, REMARKS, AND DETAILS (Attach re	eceipts/vouch	ers when re	equired)								•		
											(12) N	ormal Wor	k Hours		
11/18	- Dire	ector to preside at Atascade	ro State	Hospi	tal Go	verning E	Body me	eting.					5:00 p.m.		
											(13) Pv	(13) Pvt Vehicle License #			
											On file				
										(14) Mileage Rate Claimed					
 											# ###	# ### 0.55			
$\frac{\pi}{\pi}$ $\frac{\pi \pi \pi}{\pi}$ 0.5									0.00						
* Direct pay								ONLY							
• •										Paid by Revolving Check Number					
	DEC. :	OFDTIEV (b. 1.1)	1 1								<u> </u>		1 5		
		CERTIFY that the above is a tru													
Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle															
		seat belt usage.	avo met	1040	0111011	as proso				0.01,0102	-, 0, 00,	3.13 07 04	Portaining	.5 10111010	
CLAIMAN	•	•		DATE		(16) SIGNATI	JRE OF OFF	ICER APPRO	VING T	RAVEL AND P	AYMENT		DATE		
										•	•				
(17) SIGN	NATURE	AND TITLE OF AUTHORITY FOR SPECIAL	EXPENSES			<i> </i>							DATE		
, , 5.51															